"ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE.
Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

ere es for

INSTRUCTIONS: This appropriate. All further a indicated unless correcte maintenance fee notificat	form should be used correspondence includi d below or directed of ions.	for transmitting the IS ng the Patent, advance herwise in Block 1, by	SUE FEE and PUBLICAT orders and notification of a (a) specifying a new corre	ION FEE (if requir naintenance fees wi spondence address;	ed). Blocks I through 5 s Il be mailed to the current and/or (b) indicating a sepa	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Nose, Use Block 1 for any change of address)				(s) Transmittal. This ers. Each additional	certificate cannot be used I	or domestic mailings of the for any other accompanying ont or formal drawing, must	
5514 7599 12/13/2007 TZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Feetal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUIP First address above, or being facsimal transmitted to the USFTO (571) 273 2883, on the date indicated below			
						(Depositor's name	
				(Signoture)			
			L			(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO	
10/658,335 09/10/2003 TITLE OF INVENTION: IMAGE COMPOSITION APPARATUS AN			Tomohiko Shimoyama		00862.022549	1869	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/13/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DINH, DUC Q		2629	345-008000		Tid hand	trick, Gella,	
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.5.3). Change of correspondence address for Change of Correspondence Address form FTO/SH (22) attached. J Fee Address' indication for "Fee Address" Indication form FTO/SH47, Rev 03-02 or more recent) attached Use of a Customer Number is required.			(1) the names of up to or agents OR, alternative (2) the name of a singly registered attorney or a 2 registered patent attor listed, no name will be	2. For printing on the petant front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered datency or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name wit be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as est forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Canon Kabushiki Kaisha Tokyo, Japan							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are submitted: 2i Issue Fee 2i Publication Fee (No small entity discount permitted) 2i Advance Order - # of Copies F1Ve- (5) 4b. Payment by credit card, Form PTO-2038 is attached. 2i The Director is bereby authorized to charge the required fee(s), any defined to charge the required fee(s), any defined to the properties of						,	
5. Change in Entity State	SMALL ENTITY statu	s. See 37 CFR 1.27.			ENTITY status. See 37 CF		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeed of the United States	ured) will not be accept tes Patent and Trademar	ed from anyone other than the k Office.	ne applicant; a registe	ered attorney or agent; or th	e assignee or other party in	
Authorized Signature	Das	iel Alvect		Date Mar	ch 5, 2008		
Typed or printed name	Daniel S.		TWO CONTRACTOR AND ADDRESS OF THE PARTY OF T	Registration No.		10-10-10-10-	
This collection of informat an application. Confidentic submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur ganta 22313-1450. DO 3-1450.	FR 1.311. The informat U.S.C. 122 and 37 CFR USPTO. Time will varied don, should be sent to the NOT SEND FEES OR	ion is required to obtain or re 1.14. This collection is esti- y depending upon the indivi- he Chief Information Office COMPLETED FORMS TO	etain a benefit by the mated to take 12 mi dual case. Any com r, U.S. Patent and Tr THIS ADDRESS.	public which is to file (and nutes to complete, including ments on the amount of the ademark Office, U.S. Depa SEND TO: Commissioner f	by the USPTO to process gathering, preparing, and ne you require to complete internal of Commerce, P.G. or Patents, P.O. Box 1-150,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.